

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>TN7202</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>07/31/2013</b>
NAME OF PROVIDER OR SUPPLIER  <b>LIFE CARE CENTER OF RHEA COUNTY</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>10055 RHEA COUNTY HIGHWAY DAYTON, TN 37321</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 001	1200-8-6 Initial Comments  During the Licensure survey and complaint investigation numbers 32063, 32138, conducted on July 31, 2013, at Life Care of Rhea County, no deficiencies were cited under chapter 1200-8-6, Standards for Nursing Homes.	N 001		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE